



Certificate of Completion IS HEREBY GRANTED TO

Sarah Meadows

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

05/19/2020

COMPLETION DATE

TRAINER SIGNATURE



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Nicolet Lodge

Employee Receiving In-Service: Sarah Meadows

Date of 1st In-Service*: 5/15/20 Time: 8:00 am / pm Trainer: Melissa Meek

*This is done by a regional nurse

Date of 2nd In-Service: 5/16/20 Time: 8:00 am / pm Trainer: Melissa Meek

Date of 3rd In-Service: 5/18/20 Time: 8:00 am / pm Trainer: Jane [Signature]

Date of 4th In-Service: 5/19/20 Time: 8:00 am / pm Trainer: Jane [Signature]

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: / / Time: : am / pm Trainer:

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1	Medication Area	✓	✓	✓	✓				
	a. Location of ample supplies prior to administration	✓	✓	✓	✓				
	b. Area is clean and organized	✓	✓	✓	✓				
	c. Area is always locked	✓	✓	✓	✓				
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	✓	✓	✓	✓				
2	DMA washes hands prior to administering medications and between each Resident	✓	✓	✓	✓				
3	Medication keys are retained by DMA	✓	✓	✓	✓				
4	Resident is identified per facility policy and procedure prior	✓	✓	✓	✓				
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications	✓	✓	✓	✓				
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	✓	✓	✓	✓				
	b. If Apical Pulse is required, privacy is provided	✓	✓	✓	✓				
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	✓	✓	✓	✓				
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR	✓	✓	✓	✓				
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	✓	✓	✓	✓				



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6								
c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	✓	✓	✓	✓				
d. Observe Resident to ensure medication is swallowed	✓	✓	✓	✓				
e. Offer adequate and appropriate fluid with medication	✓	✓	✓	✓				
f. Medication record is signed immediately after administration of same	✓	✓	✓	✓				
g. Controlled substance record is signed immediately after administration of same	✓	✓	✓	✓				
h. Correct dose is administered	✓	✓	✓	✓				
i. Medication is administered at correct time	✓	✓	✓	✓				
j. Verify no additional MAR pages have been added	✓	✓	✓	✓				
7								
Infection control technique is reviewed	✓	✓	✓	✓				
8								
Medication via gastric tube administered per facility policy and procedure (if applicable)	NA	NA	NA	NA				
a. Resident is properly positioned, at a 45° sitting angle	NA	NA	NA	NA				
b. Tube is checked for placement and patency	NA	NA	NA	NA				
c. Tube is flushed before, between and after medications are administered	NA	NA	NA	NA				
9								
Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	✓	✓	✓	✓				
a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	✓	✓	✓	✓				
b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	✓	✓	✓	✓				
10								
DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	✓	✓	✓	✓				
11								
DMA administers eye and ear medication according to facility policies and procedures	✓	✓	✓	✓				
12								
Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	✓	✓	✓	✓				
13								
Medication administration should not interrupted. DO NOT RUSH	✓	✓	✓	✓				
14								
Controlled drugs are stored (Double Locked) according to facility policy and procedure	✓	✓	✓	✓				
15								
Residents' rights are observed	✓	✓	✓	✓				
16								
Location, Procedures and Documenting for administering PRN	✓	✓	✓	✓				
17								
Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	✓	✓	✓	✓				
18								
Medications are administered within time frame per facility policy	✓	✓	✓	✓				



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	✓	✓	✓	✓				
20	✓	✓	✓	✓				
21	✓	✓	✓	✓				
22	✓	✓	✓	✓				
23	✓	✓	✓	✓				
24	✓	✓	✓	✓				
25	✓	✓	✓	✓				
26	✓	✓	✓	✓				

FOLLOW UP CONCERNS

Specify time frame for completion: _____ ☒ N/A

I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

Sarah Meek
Employee Signature

5.20.2020
Date

Arlene Meek
Home Manager Signature

5.20.2020
Date